

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>ca 857025</i>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4	/		/				54				
5	/		/				55				
6	/		/				56				
7	/		/				57				
8	/		/				58				
9	/		/				59				
10	/		/				60				
11	/		/				61				
12	/		/				62				
13	/		/				63				
14	/		/				64				
15	/		/				65				
16	/		/				66				
17	/		/				67				
18	/		/				68				
19	/		/				69				
20	/		/				70				
21	/		/				71				
22	/		/				72				
23	/		/				73				
24	/		/				74				
25	/		/				75				
26	/		/				76				
27	/		/				77				
28	/		/				78				
29	/		/				79				
30	/		/				80				
31	/		/				81				
32	/		/				82				
33	/		/				83				
34	/		/				84				
35	/		/				85				
36	/		/				86				
37	/		/				87				
38	/		/				88				
39	/		/				89				
40	/		/				90				
41	/		/				91				
42	/		/				92				
43	/		/				93				
44	/		/				94				
45	/		/				95				
46	/		/				96				
47	/		/				97				
48	/		/				98				
49	/		/				99				
50	/		/				100				
TOTAL IND.			7				TOTAL IND.				
TOTAL DEP.			16				TOTAL DEP.				
TOTAL CLAIMS			23				TOTAL CLAIMS				